## Notification of Extended Absence



Parent to complete. Use this form for an absence of greater than five school days that is due to one of the following reasons: misadventure or unforeseen event; participation in special events not related to the school; domestic necessity such as serious illness of an immediate family member; attendance at funerals; travel in Australia and overseas; recognised religious festivals or ceremonial occasions.

Part A

Student details				To Salaton Sprogrammer		
School info email:	info@mcccdow.catholic.edu.au					
Student address:						
Complete this table with the details of all students who attend this school.						
Student name		Date of birth	Age	Year		
	·					
Details of exter	nded absence			<u>. 5 \$ \$250</u>		
Start date:	art date:		Number of school days:			
End date:						
Reason for exter	nded absence		At the second se			
Additional information supporting extended absence application (for reasons other than Travel - Part B)						
å						

Student(s) at other	er CEDoW Schools				
	nt students in another Systemic Wollongong Diocese ence also applies to?:	9			
	otify this school of the Extended Absence also?:			7	
School info email:					
Student address:					
Complete this table w	with the details of all students who attend this school.				
Student name		Date of birth	Age	Year	
		,*			
Details of prior exe	mptions and extended absences during the current	and previous scho	ol year (	Complete if applicabl	
Start date:			Number of school days:		
End date:					
Start date:				Number of school days:	
End date:					
Start date:				Number of school days:	
End date:					
Copy of Certificate	of Exemption and/or Acknowledgement of Extende	ed Absence attach	ed to em	ail if provided.	
Part B: Travel Note: generally, an exp	lanation for an extended absence for the purposes of tra	vel is only accepted	in except	ional circumstances	
Supporting docum	entation and explanation				
	сптаног апо схртаналон				
Purpose of travel:					
Reason for travel o	ccurring outside of the school holiday period:				
	ng information is attached to email notification				

Parent details (applicant)					
Full name:					
Address:					
Contact number:	Relationship to student(s):				
By Providing Authority Electronically or Digitally - Signature Acknowledgement:  I confirm that the electronic signature in this consent represents my signature.  I consent to signing the form electronically and I confirm that my signature is legally binding.					
Our Privacy Policy provides information about how Catholic Education Diocese of Wollongong handles your personal information. You can access our Privacy Policy on our website www.dow.catholic.edu.au/privac					
Declaration					
As the parent of the above-mentioned student(s), I hereby advise ar child(ren) identified in Part A above.	nd provide explanation for an extended absence for my				
I declare that:					
The information provided in this application is, to the best of m	ny knowledge and belief, accurate and complete.				
l understand and agree that:					
I am responsible for the care and supervision of my child(ren) d	luring any period of extended absence.				
This period of extended absence will count towards my child(ren)'s absences from school.					
If my explanation for the extended absence is not accepted by the Principal, the absence of my child(ren) will be recorded as an unjustified absence.					
Should statements in this notification later prove to be false or misleading any decision made as a result of this application may be reversed.					

Date

Parent signature